

Request to Transfer MET Educational Benefits

Issued under Public Act 316 of 1986. Filing is mandatory.

The person(s) requesting the transfer and the new beneficiary to whom the contract is proposed to be transferred to (or the parent or guardian of the new beneficiary if the new beneficiary is a minor) certifies that no payment has been or will be made to anyone (except for payment to MET, if any) for the transfer of educational benefits.

ORIGINAL BENEFICIARY

*Original Beneficiary Name	Relationship Between Original Beneficiary and New Beneficiary	
Street Address	Beneficiary's Social Security Number	
City, State, ZIP Code		
No. of Years of Educational Benefits Purchased	Work Telephone	Home Telephone
Age at the Time of Transfer	Grade as of December 1, 2008 (if applicable)	
If applicable, Last Semester/Year Enrolled	Institution Name	

*Original beneficiary must be at least 18 years of age. If you are not 18 years of age, attach a copy of your high school diploma.

NEW BENEFICIARY

New Beneficiary Name		*Year (or Expected Year) of High School Graduation	
Street Address		New Beneficiary's Existing MET Contract No. (if applicable)	
City, State, ZIP Code		New Beneficiary's Social Security Number	
No. of Years of Educational Benefits Requesting to Be Transferred		Work Telephone	Home Telephone
Age at the Time of Transfer	Date of Birth	Grade as of December 1, 2008	
Currently Enrolled in College/University Yes No		Institution Name	

*If the educational benefits will be transferred to an older student, an additional charge is required. This fee may be waived if the new Beneficiary is willing to accept less than fifteen years to completely use educational benefits. Please initial this box if the new Beneficiary is willing to accept the original Beneficiary's high school graduation year as the year they are eligible to use benefits.

A \$25.00 processing fee is required when transferring educational benefits. Checks should be made payable to the Michigan Education Trust and enclosed with this completed form.

THE BENEFICIARY AND NEW BENEFICIARY MUST SIGN ON THE REVERSE SIDE. ALL SIGNATURES MUST BE NOTARIZED. PLEASE ALLOW 4-6 WEEKS TO PROCESS THE TRANSFER.

MAIL TO:
Michigan Education Trust
P.O. Box 30198
Lansing, Michigan 48909

Date _____

Signature of Original Beneficiary _____

STATE OF _____)
)ss
 COUNTY OF _____)

On this _____ day of _____, 2____, before me, a Notary Public in and for the County and State above, personally appeared _____ who after being duly sworn, represented and acknowledged execution of this instrument.

Notary Public _____

_____ County

My Commission Expires: _____

Notary Seal or Stamp Required

Date _____

Signature of New Beneficiary (or parent/guardian if the new beneficiary is a minor) _____

STATE OF _____)
)ss
 COUNTY OF _____)

On this _____ day of _____, 2____, before me, a Notary Public in and for the County and State above, personally appeared _____ who after being duly sworn, represented and acknowledged execution of this instrument.

Notary Public _____

_____ County

My Commission Expires: _____

Notary Seal or Stamp Required

Date _____

Signature of Purchaser (1988 contracts only). If purchaser is deceased, purchaser's personal representative must sign and submit a copy of purchaser's death certificate and copy of legal document naming said personal representative.

STATE OF _____)
)ss
 COUNTY OF _____)

On this _____ day of _____, 2____, before me, a Notary Public in and for the County and State above, personally appeared _____ who after being duly sworn, represented and acknowledged execution of this instrument.

Notary Public _____

_____ County

My Commission Expires: _____

Notary Seal or Stamp Required